

Effective 30 April 2003

Medical Services

Beneficiary Counseling and Assistance Coordinators

For the Commander:

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Chief of Staff

Official:

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History. This UPDATE revises USAREC Reg 40-8, which is effective 30 April 2003.

Summary. This regulation provides guidance pertaining to duties of beneficiary counseling and assistance coordinators.

Applicability. This regulation is applicable to

Headquarters, United States Army Recruiting Command; recruiting brigades; and recruiting battalions.

Proponent and exception authority. The proponent of this regulation is the Director for Personnel. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponent may delegate the approval authority, in writing, to a division chief within the proponent agency in the grade of lieutenant colonel or civilian equivalent.

Army management control process. This regulation contains management control provisions in accordance with AR 11-2 but does not identify key management controls that must be evaluated.

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USAREC (RCPER-HR-SF), 1307 3rd Avenue, Fort Knox, KY 40121-2726.

Distribution. Distribution of this regulation has been made in accordance with USAREC Pam 25-30, distribution C. This regulation is published in the Recruiting Brigade and Battalion Operations UPDATE. This regulation is also available on the USAREC Intranet Homepage at <http://home.usarec.army.mil>.

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Chapter 1

General

1-1. Purpose

This regulation prescribes the principle procedures of beneficiary counseling and assistance coordinators (BCACs) and alternate BCACs in assisting recruiting personnel and their families in obtaining health care from civilian providers when it is unavailable through military or federal sources in accordance with AR 40-3. This program is called TRICARE and includes Prime, Standard, Extra, TRICARE Prime Remote (TPR), and TPR for family members. This regulation also includes the TRICARE Dental Program and the role of the military medical support office (MMSO). It is understood that the BCAC and alternate BCAC roles are the United States Army Recruiting Command's (USAREC's) experts in residence.

1-2. References

Required publications and prescribed and referenced forms are listed at appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Mission

To assist soldiers and family members in under-

standing their health care systems; to keep the chain of command informed on health care challenges or problems within the command; and to ensure that all health care is obtained within the applicable laws, appropriate Army regulations, and TRICARE policies.

1-5. Objectives

- a. To establish a BCAC and alternate BCAC network throughout USAREC.
- b. To ensure BCACs are trained to educate soldiers and family members on TRICARE Prime, TPR, Extra, Standard, TRICARE Plus, TRICARE for Life, and TRICARE Senior Pharmacy Program health care programs.

Chapter 2

Administration

2-1. Appointment of BCACs

- a. Recruiting brigades (Rctg Bdes) and recruiting battalions (Rctg Bns) will appoint a primary and an alternate BCAC in writing (fig 2-1). A copy of the appointment memorandum will be forwarded to Headquarters, United States Army Recruiting Command (HQ USAREC) (RCPER-HR-SF), 1307 3rd Avenue, Fort Knox, KY 40121-2726. Primary BCACs for Rctg Bdes and Rctg Bns will be a staff sergeant or above and GS-05 or above for both military and civilian personnel. Primary BCACs for Rctg Bns will be the soldier and family assistance program manager (SFAPM). Alternate BCACs will be sergeants or above or GS-5 or above for both military and civilian personnel.
- b. Civilian evaluation reports, noncom-

*This regulation supersedes USAREC Regulation 40-8, 26 January 1994.

missioned officer evaluation reports, officer evaluation reports, and support forms will reflect BCAC duties as a significant additional duty to include BCAC performance objectives. Each BCAC will be required to attend all of the BCAC training to become knowledgeable of TRICARE and comply with prescribed policies and procedures to educate, advise, and assist personnel.

2-2. BCAC standing operating procedure

a. BCACs will have a standing operating procedure (SOP) that provides detailed information to be used by other personnel. This information can be included in the Rctg Bn welcome packet or guide. This information will be given to soldiers upon inprocessing or not later than 10 working days after arrival to the unit of assignment. As a minimum the SOP will contain:

- a. Listing of the nearest military treatment facilities (MTFs). All active duty (AD) soldiers are entitled to health care at these facilities provided there is installation commander approval.
- b. Listing of TRICARE contractors and their locations.
- c. Regional telephone numbers (from the contractor's Web site).
- d. Regional claims telephone numbers and mytricare.com information paper.
- e. TRICARE Dental Program Web site, telephone number, and information paper.
- f. MMSO Web site, telephone number, and information paper.
- g. TRICARE Handbook, Remote Controller, DD Form 2642 (CHAMPUS Claim - Patient's Request for Medical Payment), and include an information paper as well as an example of how to fill the form out.
- h. The BCAC network structure is at figure 2-2.

2-3. USAREC Form 705

USAREC Form 705 (Health Services Inprocessing Briefing and Packet Roster) (fig 2-3) is to be signed by the soldier upon completion of briefing. This is an inspectable item during inspections by Rctg Bdes and USAREC staff.

Chapter 3 Training Requirements

3-1. BCAC training

- a. It is important that commanders and BCACs realize there are crucial differences in the TRICARE Program. The rules, procedures, and entitlements of this program vary from option to option. It is imperative that primary BCACs and alternate BCACs attend the TRICARE Basic and Advance Student Course no later than 60 days after assignment or hiring.
- b. In order to stay current with TRICARE changes the primary and alternate BCAC will attend the professional courses on TRICARE every 4 years. This is an inspectable requirement.
- c. It is mandatory for the primary and alternate BCAC to attend regional training conferences every 12 months or the nearest date to 24 months, or when offered.

- d. Training certificates will be received and copies forwarded to HQ USAREC (RCPER-HR-SF).

3-2. Soldier and family member training

Unit health care information and update training will be held at least annually. Unit commanders are encouraged to allow the BCAC to give TRICARE update classes at least once each calendar year. Rctg Bn commanders will allow time (1 hour) for update training at the annual training conference. These requests are inspectable items.

Chapter 4 Awareness

4-1. Command awareness

To gain maximum benefits from the investment of time and resources, commanders will:

- a. Maintain an understanding of current TRICARE, Dependent Dental Plan, MMSO, and Naval Ophthalmic Support and Training Activity (NOSTRA) programs through the primary BCAC.
- b. Review the BCAC's SOP at least annually.
- c. Require an alternate BCAC to be on orders at all times.
- d. As the turnover of primary and alternate BCACs occur, hire or appoint replacements within 30 days. Ensure replacements are thoroughly briefed on the BCAC's duties and are scheduled to attend the TRICARE Basic Course within 60 days of hiring or appointment.

4-2. Community awareness

- a. Enhance public awareness regarding potential health care challenges by providers or beneficiaries and assist providers and beneficiaries with their concerns.
- b. Assist providers in understanding the military health care system.
- c. Assist beneficiaries with claim challenges, authorization challenges, and finding providers.

Chapter 5 Health Care Support Networks

5-1. TRICARE information

TRICARE, AD Family Member Dental Plan, NOSTRA, and MMSO instructions and information.

- a. TRICARE is a health care delivery system established by Congress for soldiers and their family members. The TRICARE advisor (BCAC or alternate BCAC) provides each incoming military personnel (and spouses, if possible) with access to general knowledge. It is the individual who gains the knowledge. The SFAPM can only provide information to access resources that can increase the individual's knowledge.
- b. TPR offers a TRICARE prime-like benefit to AD men and women and their families living and working in remote locations outside of a catchment area. Whether recruiting, teaching, learning, or simply performing duties at a remote unit,

TPR benefits are there. TPR's goal is to provide easily accessible quality care near where a soldier lives and works, rather than requiring a soldier to receive routine primary care at an MTF.

c. Access TPR's Web site at <http://www.tricare.osd.mil/remote> or call the region's toll free telephone number to determine TPR eligibility and TPR Program specifics, or go to the ZIP Code Finder. Eligibility is based on demographic information in the Defense Eligibility Enrollment Reporting System (DEERS).

d. To update DEERS information call 1-800-538-9552 or e-mail addrinfo@osd.pentagon.mil. The SFAPM should provide this information to soldiers upon inprocessing. For claims to be processed and paid the soldier's and family member's DEERS information needs to be up to date (i.e., current address).

e. TRICARE claims.

(1) Prime and Prime Remote. If you are enrolled in TRICARE Prime and go to a Prime provider (Managed Care Support Contractor) your claims are submitted by your provider for you. After claims are submitted, the beneficiary and the provider receive an explanation of benefits from the claims processor showing the services performed and the adjudication.

(2) TRICARE Standard or TRICARE Extra. If you use TRICARE Standard, beneficiaries may have to file the claims if the provider chooses not to participate. Most providers will submit the TRICARE claim if the patient requests it.

f. Here are some sources of information to get answers regarding TRICARE:

- (1) Local BCACs or debt collection assistance officers (DCAOs) in your local MTF.
- (2) TRICARE Service Center areas and telephone numbers:
 - (a) Region 1 (Northeast) or call 1-888-999-5195.
 - (b) Region 2 (Mid-Atlantic) or call 1-800-931-9501.
 - (c) Region 3 (Southeast) or call 1-800-444-5445.
 - (d) Region 4 (Gulf South) or call 1-800-444-5445.
 - (e) Region 5 (Heartland) or call 1-800-941-4501.
 - (f) Region 6 (Southwest) or call 1-800-406-2832.
 - (g) Central Region - TRIWEST or call 1-888-777-8343.
 - (h) TRIWEST.
 - (i) Region 9 (Southern California) or call 1-800-242-6788.
 - (j) Region 10 (Golden Gate) or call 1-800-242-6788.
 - (k) Region 11 (Northwest) or call 1-800-404-0110.
 - (l) TRICARE Pacific: Hawaii or call 1-800-242-6788; WESTPAC or call 1-888-777-8343.
 - (m) Latin America and Canada or call 1-888-777-8343.
 - (n) Puerto Rico and Virgin Islands or call 1-888-777-8343.
 - (o) Europe or call 1-888-777-8343.
- (3) Additional resources:

- (a) TRICARE Standard Handbook.
- (b) TRICARE help@amedd.army.mil.
- (c) Questions@tma.osd.mil.
- (4) Claims information. Call (303) 676-3526 or write to: TRICARE Management Activity, Benefit Services Branch, 16401 E. Centretex Parkway, Aurora, CO 80011-9043.
- (5) Claims status. To check a claim status please visit: <http://www.mytricare.com>. Web site is only for claims processed by Palmetto Government Benefits Administrators (TRICARE).
- (6) Post Deployment Health Care: <http://phdealth.mil/>

5-2. TRICARE network

TRICARE Dental Program United Concordia.

a. All dental participants will receive a dental identification card upon enrollment in the dental plan. Cards should be presented to the provider's office at the time services are received. United Concordia contracts with participating dentists in all 50 states. When care is received from a network provider, that provider will accept United Concordia's allowance as payment in full (less any deductible or coinsurance you are required to pay based on your benefits). Using a network provider may save you out-of-pocket expenses. Under a fee-for-service or dental preferred provider organization, the family member selects any dentist of choice to receive dental services. Using a network dentist saves out-of-pocket expenses because the participating dentists have agreed to accept United Concordia's allowance as payment in full for covered services (less any deductible or coinsurance you are required to pay on your benefits). If a dentist is not currently participating in the network, but would like to know more about the advantages of participation, please ask him or her to call toll free 1-800-332-0366 from 8:00 a.m. to 4:30 p.m. eastern time. Dental claims can be submitted to:

United Concordia Companies, Inc.
PO Box 69421
Harrisburg, PA 17106

b. Participating providers will file claims for you. Some nonparticipating providers will not file claims. If the nonparticipating provider will not file a claim, have your provider complete a standard American Dental Association claim form, and you can submit the claim form along with your itemized bill to United Concordia.

5-3. MMSO

a. The MMSO was established to serve as the centralized Tri-Service point of contact for customer service and medical and dental case management to coordinate civilian health care services outside of the cognizance of an MTF for AD military and Reserve Components.

b. Informational Web sites:

- (1) Service members enrolled in TPR: <http://www.tricare.osd.mil/remote>
- (2) Service members who are in the Reserves and not listed as eligible in DEERS: http://navymedicine.med.navy.mil/mmso/MMSO_Reserve_Component.html
- (3) Service members requiring dental care: <http://navymedicine.med.navy.mil/mmso/>

MMSO_Dental_Info.html

(4) Service members enrolled to an MTF or referred for specialty care by an MTF: <http://www.tricare.osd.mil/tricare/trimap2.html>

5-4. BCACs

a. BCAC is a congressionally-mandated initiative, implemented by the TRICARE Management Activity to improve customer service, satisfaction, enhance beneficiary education, and help reduce the volume of congressional inquiries from beneficiaries.

b. The fiscal year 2000 National Defense Authorization Act mandated the establishment of BCAC positions, full-time at lead agent offices and collaterally at MTFs. To view the directories, go to the TRICARE Web site and under Search, look for Beneficiary Counseling and Assistance Coordinators.

(1) View the entire BCAC directory: <http://www.tricare.osd.mil/tricare/beneficiary/listall.cfm>

(2) View BCAC directory by area: http://www.tricare.osd.mil/tricare/beneficiary/list_by_area.cfm

(3) View BCAC directory by region and area: http://www.tricare.osd.mil/tricare/beneficiary/list_by_reg_area.cfm

(4) Search facility directory: <http://www.tricare.osd.mil/tricare/beneficiary/facsearch.cfm>

5-5. DCAOs

To assist TRICARE beneficiaries with resolving debt collection issues, the Under Secretary of Defense (Personnel and Readiness) established a DCAO Program at every lead agent office and at every MTF worldwide. DCAOs will provide priority assistance when presented documentation verifying that collection action was started or that negative information is reflected on a beneficiaries' credit report as a result of late or nonpayment for medical or dental care received through TRICARE. While DCAOs cannot provide legal advice or act as beneficiary advocates, they will take all measures necessary to ensure each case is thoroughly researched and that beneficiaries are provided with written findings and assistance in the minimum time possible. Should you experience undue payment delay for any TRICARE claim that has not been presented to a debt collection agency, the BCACs at your lead agent or MTF are available to assist in preventing these issues from becoming debt collection concerns. Contact information for BCACs can be found on the TRICARE Homepage at www.tricare.osd.mil. Regional DCAOs can be found at: www.tricare.osd.mil/dcao/list_by_reg_area.cfm

5-6. Instructions for remote duty personnel ordering eyeglasses from NOSTRA

Please keep in mind that NOSTRA has nothing to do with getting your eyes examined. Call your TRICARE region or go to TRICARE's Web site at <http://www.tricare.osd.mil> to obtain information on where to get an eye exam. You need to ensure you have all the information you need to obtain glasses from NOSTRA. You must have the examining facility write the papillary distance on your prescription; glasses cannot

be made without this.

a. Go to NOSTRA's Web site at <http://138.143.250.101/nostra/frames.cfm>

b. Scroll down to the Frames of Choice (FOC) section and print this page to take with you to your eye exam so the doctor can pick the best eye size and bridge size combination for your facial features from the frame you picked out (i.e., 801 48-22-145 gold).

c. Then click on "Downloads" and then the "DD 771" and print out this form. This is the DD Form 771 (Eyewear Prescription) you must send to NOSTRA. Take it with you to your eye exam and the doctor can help you fill it out, including the eye size and bridge size.

d. When filling out this form pay careful attention to the address and phone number blocks because this is where your glasses will be sent. Make sure you write "Remote Duty or Recruiting Duty" in the comment's section. You must also include the frame name and color of frame of choice you are requesting in the comment section of the DD Form 771 (i.e., 801 48-22-145 gold).

e. If you are AD Navy or Marine Corps on recruiting duty, you are authorized one pair of clear and one pair of sunglasses in the gold or silver aviator and for your standard issue glasses, plus one pair of clear lens frame of choice.

f. If you are AD Air Force or Army on recruiting duty, you are authorized one pair of clear and one pair of sunglasses in the silver aviator for your standard issue glasses plus your protective mask insert (PMI) and one clear frame of choice.

g. If you are active guard reserve, you are authorized one pair of clear and one pair of sunglasses in the MS9 plus your PMI and one clear frame of choice.

h. If you are AD in any branch of service in a remote area, you are authorized one pair of clear and one pair of sunglasses in the MS9 plus your PMI and one clear frame of choice.

i. Complete a separate DD Form 771 for each pair of glasses you are ordering.

j. Fax the DD Forms 771 to NOSTRA Customer Service Department at (757) 887-4647. Please call NOSTRA Customer Service at (757) 887-7611 or DSN 953-7611, after you fax the forms to ensure they are received and that all required information is included to process your order.

k. Also include a previous DD Form 771 from your medical record and a copy of your AD identification card. DD Form 771 is also available electronically for use with FormFlow or from the Rctg Bn SFAPM by calling 1-800-790-0963.

l. Call the NOSTRA Customer Service Department at (757) 887-7611 if you have any problems.



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

(Appropriate Letterhead)

OFFICE SYMBOL (MARKS Number)

(Date after signature)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Additional Duty Appointment

1. Effective _____, _____, _____,
(Date) (Grade and Full Name) (Social Security Number)
US Army _____ is assigned the following addition-
(Rctg Bde or Rctg Bn Designation)
al duty: Primary or Alternate Beneficiary Counseling and Assistance Coordinator.

2. Authority: USAREC Reg 40-8.

3. Purpose: To comply with established USAREC policy and procedures to train, assist, and advise assigned military personnel and family members on available health care to include attending training courses.

4. Period: Until officially relieved or released from appointment.

5. Special instructions:

a. Individual is required to attend or complete an online TRICARE Training Course after hiring or being appointed. Individual is also required to attend the appropriate TRICARE Regional Conference.

b. The BCAC will conduct health care benefits training for soldiers and family members during inprocessing or as needed.

FOR THE COMMANDER:

S1's Signature Block

DISTRIBUTION:

1-HQ USAREC, ATTN: RCPER-HR-SF

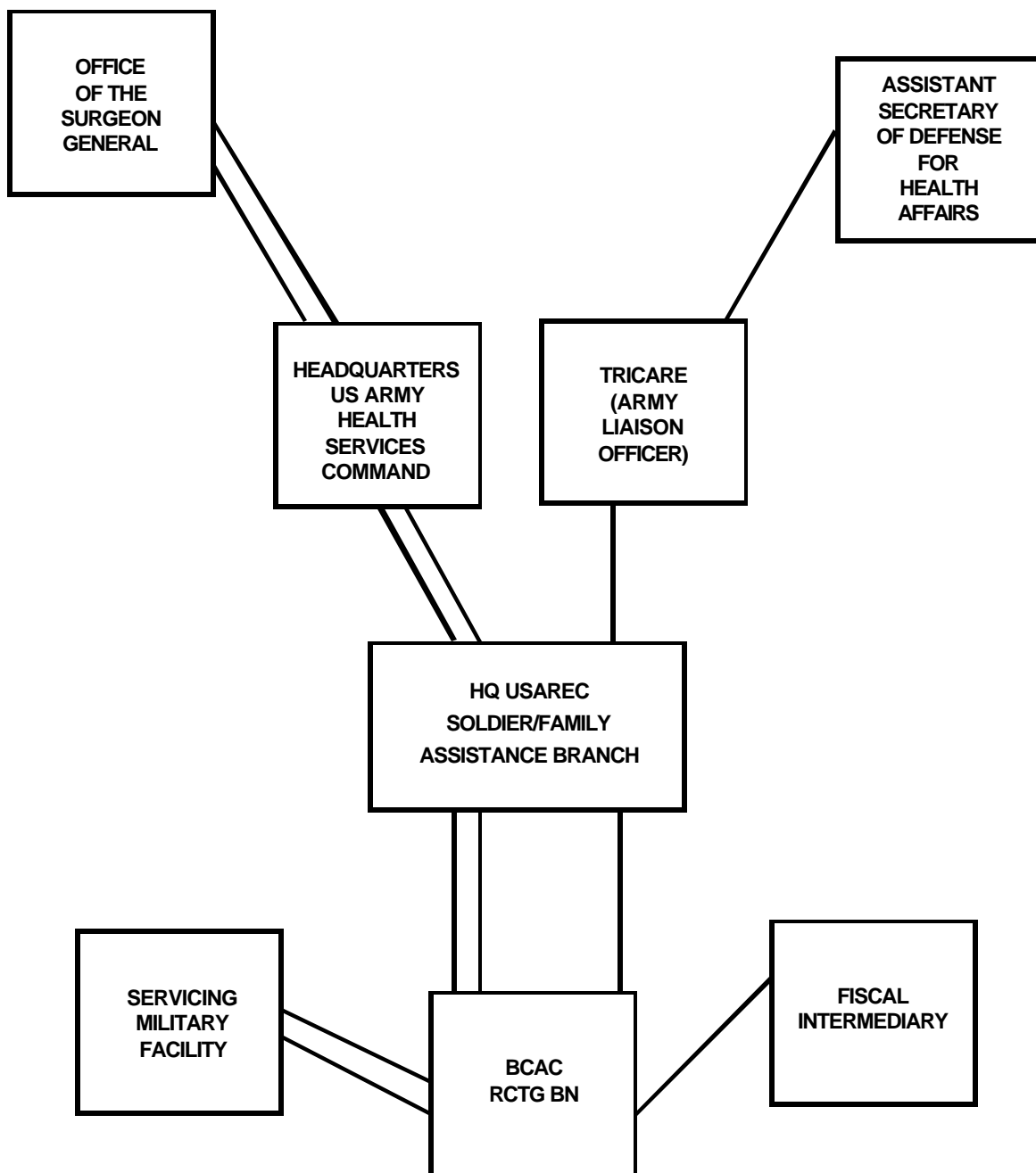
1-Cdr, US Army _____ Rctg Bde

1-Individual concerned

1-File

Figure 2-1. Sample BCAC additional duty appointment

UPDATE • USAREC Reg 40-8



═══════ TRICARE network
 ═══════ Direct care network

Figure 2-2. BCAC network

UPDATE • USAREC Reg 40-8

Health Services Inprocessing Briefing and Packet Roster
(For use of this form see USAREC Reg 40-8)

[illegible]

USAREC Form 705, Rev 1 Apr 95 (Previous editions are obsolete)

Figure 2-3. Sample of a completed USAREC Form 705

Appendix A

References

Section I

Required Publication

AR 40-3

Medical, Dental, and Veterinary Care. (Cited in para 1-1.)

Section II

Related Publications

There are no entries in this section.

Section III

Prescribed Form

USAREC Form 705

Health Services Inprocessing Briefing and Packet Roster. (Prescribed in para 2-3.)

Section IV

Referenced Forms

DD Form 771

Eyewear Prescription.

DD Form 2527

Statement of Personal Injury - Possible Third Party Liability, CHAMPUS.

DD Form 2642

CHAMPUS Claim - Patient's Request for Medical Payment.

Glossary

Section I Abbreviations

AD

active duty

BCAC

beneficiary counseling and assistance coordinator

DCAO

debt collection assistance officer

DEERS

Defense Eligibility Enrollment Reporting System

HQ USAREC

Headquarters, United States Army Recruiting Command

MMSO

military medical support office

MTF

military treatment facility

NOSTRA

Naval Ophthalmic Support and Training Activity

PMI

protective mask insert

Rctg Bde

recruiting brigade

Rctg Bn

recruiting battalion

SFAPM

soldier and family assistance program manager

SOP

standing operating procedure

TPR

TRICARE Prime Remote

USAREC

United States Army Recruiting Command

Section II

Terms

ancillary services

Professional support services that contribute to the care of patients by assisting and augmenting the talents of the attending physicians in diagnosing and treating injury or disease (e.g., pharmacy, radiology, medical lab procedures, immunizations).

catchment area

Geographical area surrounding each MTF that constitutes the inpatient service area for the MTF. The catchment areas for facilities in the continental United States, Alaska, and Hawaii are defined by ZIP Codes.

Direct Care Program

All Department of Defense MTFs that provide health care to soldiers directly and arrange for care from civilian sources when appropriate.

elective care

Elective health care is nonemergency care, not a required medical or dental procedure, but which is desired or preferred by the patient (e.g., vasectomy, elective abortion, chiropractor, etc.). The Army is prohibited by law from paying for elective care from civilian sources. If in doubt about a medical procedure being elective, contact your Rctg Bn SFAPM.

emergency dental care

Emergency dental care is limited to treatment for the relief of painful or acute conditions. Placing temporary (and in very limited cases, a permanent) restoration or filling in a tooth being treated as an emergency may be considered as part of the emergency care, if placed during the emergency treatment. However, as a rule, permanent restorations are not considered to be part of emergency care. Extensive dental care requiring multiple visits is not emergency care and requires prior approval. The prosthetic replacement of teeth or permanent placement of crowns or caps is not emergency care, and requires prior approval.

emergency medical care

Emergency medical care is limited to treatment for conditions threatening loss of life, limb, or eyesight resulting from accident or illness of sudden onset, which is immediately necessary to prevent undue suffering or pain, or when the urgency of the situation does not permit obtaining the prior approval of the designated approving authority.

entire course of treatment

All health care services involved in bringing about improvement of a health condition.

followup care

Nonemergency, but necessary health care, that must occur as the result of the initial treatment. Typically, this would include the removal of sutures, casts, checking post-operative return of function, the patient's response to treatment, etc. Prior approval is required for followup care.

nonemergency care

This is health care which may be medically necessary but which is not required on an emergency basis. Normally, in the Direct Care Program, such care is obtained at sick call or at clinic visits. Nonemergency care from civilian sources always requires prior approval.

prior approval

Authorization to obtain civilian health care at Army expense. The BCAC obtains such approval on behalf of the individual, before the care is rendered.

TRICARE claim

A complete claim includes one or more of the following:

- Nonavailability statement.
- Statement from another insurance plan.
- Previous explanation of benefits.
- DD Form 2527 (Statement of Personal Injury - Possible Third Party Liability, CHAMPUS).
- Fully itemized bills.
- Doctor's prescriptions.
- Daily nursing notes.

unauthorized care

Any health care that prior approval was not obtained from the designated Army MTF approving authority or pursuant to the limited approval authority delegated to the Rctg Bn commander. Unauthorized care also includes care that law or Army policy specifically prohibits from being obtained at Army expense, even though someone erroneously gave initial approval for the soldier to obtain the care. Payment for all unauthorized care is the personal responsibility of the soldier. Examples of unauthorized care include (but are not limited to) the following:

- Elective care.
- Nonemergency care rendered without approval.
- Nonemergency care which exceeds the applicable \$500 cost limit.
- All health care received after the soldier's separation from AD.
- Acupuncture services.
- Christian Science services.
- Chiropractic services and care.
- All care erroneously approved pursuant to administrative error.